



BROKER APPOINTMENT FORM FOR MEMBERS/EMPLOYERS

- Amendments are subject to the rules of Medshield Medical Scheme and Council for Medical Schemes.
- For employers, please attach an original letter on the company letterhead signed by the duly authorised person.**
- A transfer of members request by a broker must be on a company letterhead and signed by both parties who are the key individuals.
- For members, please attach a certified copy of the identity document.**
- If this form reaches the Scheme after the 15th day of the month, the effective date will be the 1st day of the month that follows.
- Please email or fax completed form to commissions@medshield.co.za or 010 597 4709.
- This form is valid for three months from the date signed.

SECTION 1	NEW BROKER DETAILS
Broker Name:	Broker code:
Email address:	Contact number:
Region:	

SECTION 2	MEMBER DETAILS
Membership number:	
Full name:	
ID number:	
Employee number (where applicable):	
Contact number:	
Physical address:	
Member's reason for change in broker:	

SECTION 3	EMPLOYER DETAILS (for employer appointments only)
Employer name:	
Employer code:	
Contact person name:	
Contact person number:	
Employer's reason for change in broker:	

SECTION 4	AUTHORISATION								
I hereby acknowledge the appointment of the above broker.									
Name of Main Member/Authorised person:									
Signature of Main Member/Authorised person:	Date: <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		
Name of broker:									
Signature of broker:	Date: <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
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